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CONFIRMATION NO. 6056

SERIAL NUMBER 10/629,527	FILING OR 371(c) DATE 07/29/2003 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. HM-101	
APPLICANTS Harry Moulis, Ormond Beach, FL; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/11/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Theodore J. Stigall</i> Examiner's Signature Initials		STATE OR COUNTRY FL	SHEETS DRAWING 6	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
ADDRESS 29847					
TITLE Medical liquid delivery device					
FILING FEE RECEIVED 595	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		